

**SOP Title: Forms Process****May 17, 2005****Deputy Area/Division: Deputy Chief for Management, Management Services Division****Revision:****Page 1 of 5****1. Purpose:**

To provide the Standard Operating Procedure (SOP) for designing, approving, revising, canceling, and ordering forms administered by the Management Services Division.

**2. Scope:**

This SOP will be followed by all employees requesting forms services in NRCS.

**3. Outline of Procedure:**

- 4.1 Definitions
- 4.2 Request for NRCS Form Approval
- 4.3 Ordering Paper Forms and Supply Items
- 4.4 Ordering Forms from Other Agencies

**4. Specific Procedures:**

## 4.1 Definitions

- A. eForms are electronic transactions that allows customers to complete and submit forms electronically to government offices.
- B. Electronic forms are created in a PDF, MS Word, or Excel format and may or may not be fillable and cannot be submitted electronically.
- C. Supply items are posters, envelopes, vehicle tags, post cards, decals, etc.
- D. Forms from other agencies' are General Services Administration (GSA), Department of Agriculture, Office of Personnel Management (OPM), Thrift Savings Plan (TSP), etc. These forms begin with prefixes such as: AD, SF, OF, GSA, TSP and OPM.

## 4.2 Request for NRCS Form Approval

Form NRCS-ADS-24, Request for Form Approval, is to be used for submitting a new, revised or cancelled form. Click here to obtain a copy of the form [www.sc.egov.usda.gov](http://www.sc.egov.usda.gov). The timeframe to complete this process is approximately 4 weeks.

**DIST: E**

A. Responsibilities of the Originator

To Request New or Revised Forms

1. Complete Form NRCS-ADS-24, Request for Form Approval. (See exhibit 1.)
2. Submit the following to the Forms Manager at 5601 Sunnyside Avenue, Rm. 1-2176A, Beltsville, MD 20605-5460: one blank paper copy, a completed paper copy of the proposed form, and an electronic file of the proposed form in MS word on a compact disk. (See exhibit 2.)

To Cancel Forms

3. Complete and submit form NRCS-ADS-24 with one paper copy of the form being canceled to the above address.

B. Responsibilities of the Forms Manager

1. Review the entire package to ensure that all required items are included.
2. Acknowledge receipt of request.
3. Contact the originator if necessary to discuss form requirements, specific needs, designing issues, etc.
4. Send form for processing.
5. Notify the originator when the form has been posted, printed, or canceled.

4.3 Ordering NRCS Paper Forms and Supply Items

Employees must contact LANDCARE by telephone at (515) 289-0325 or by e-mail to [Venessa.alvarado@ia.usda.gov](mailto:Venessa.alvarado@ia.usda.gov) to order NRCS paper forms or supply items. LANDCARE will process and ship orders within 72 hours of receipt of an order.

4.4 Ordering Forms and Supply Items from Other Agencies

Employees must contact the Forms Manager by telephone on (301)504-2164, by fax (301)504-2161, or by e-mail to [generalforms.nrcs@usda.gov](mailto:generalforms.nrcs@usda.gov) to order forms and supply items from other agencies. Orders are shipped within 72 hours of receipt of a request.

**5. Technical Contact:**

/s/	5/10/05
Approved By: Terri M. Jackson Forms Manager, Records & Directives Management Team	Date
USDA, NRCS 5601 Sunnyside Avenue Room 1-2176 A Beltsville, MD 20705-5460 (301) 504-2164	

/s/	5/10/05
Approved By: Phyllis I. Williams Acting Team Leader, Records & Directives Management Team	Date
USDA, NRCS 5601 Sunnyside Avenue Room 1-2188 Beltsville, MD 20705-5460 (301) 504-2164	

/s/	5/10/05
Approved By: Edward M. Biggers, Director, Management Services Division	Date
USDA, NRCS 1400 Independence Avenue, SW Room 5221-S Washington, DC 20250 (202) 720-4102	

EXHIBIT 1 - REQUEST FOR FORM APPROVAL

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NOTE: A copy or draft of proposed new or revised form must accompany this request.

PROPOSED FORM TITLE:  Power of Attorney	THIS SPACE IS FOR USE OF FORMS MANAGER		
	FORM TITLE:		
NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> CANCELLATION <input type="checkbox"/>	FORM NO.	DATE:	LOCATION:

BRIEF DESCRIPTION OF USE:

This form will be used to enable participants of NRCS financial assistance programs to appoint an individual to conduct business for him/herself or act as the official representative of an entity or joint operation.

LIST FORMS SUPERSEDED:  None	SUPPLY TO BE RETAINED IN:		CHECK
	DISTRIBUTION CENTER		
	NATIONAL OFFICE (SPONSORING UNIT)		
	REGIONAL ASSISTANT CHIEFS OFFICE		
	STATE OFFICE		
	INTERNET		X
SPONSOR OF FORM: FAPD	ENTRIES WILL BE MADE BY:		
APPROPRIATION: n/a	MANUALLY		X
REVISED FROM: n/a	TYPEWRITER		
EXHAUST PRESENT STOCK: n/a	OTHER (explain)		
DESTROY PRESENT STOCK: n/a	SINGLE SHEET, 8 1/2"x14" SMALLER, PRINTED ON ONE OR BOTH SIDES		
FORM DESIGNED FOR USE IN:	* CUT SHEET <input type="checkbox"/>		
STATE OFFICE <input type="checkbox"/> NATIONAL OFFICE ONLY <input type="checkbox"/>	UNCUT SHEET <input type="checkbox"/>		
AREA OFFICE <input type="checkbox"/> NRCS - WIDE <input checked="" type="checkbox"/>	* REPRODUCED AND STOCKED LOCALLY		
FIELD OFFICE <input checked="" type="checkbox"/> OTHER (Explain in remarks) <input type="checkbox"/>	CITE DIRECTIVE AUTHORITY: (Handbook, Manual, Instructions)		
ESTIMATED IMMEDIATE NEED:	Conservation Programs Manual, Part 512		
ESTIMATED SIX MONTH SUPPLY	(Existing or proposed NRCS directive must be cited)		
SIZE OF FORM: (8 1/2 x 11 or 8 1/2 x 14) Explain in remarks.	ELECTRONIC <input type="checkbox"/> PAPER GENERALLY <input type="checkbox"/>		
PRINT ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/>	PDF		
BOTH SIDES <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/>			
REPRODUCED BY:	REMARKS:		
OFFSET PRINT			
PRINT			
OTHER (Explain)			
PAPER DESCRIPTION (Attach Sample)			
NOTE: FORM WILL BE PRINTED ON WHITE "FORM" PAPER WITH BLACK LETTER UNLESS OTHERWISE SPECIFIED.			
KIND	WEIGHT	COLOR	
STATE FORM APPROVAL			
NATIONAL OFFICE & NRCS-WIDE FORM APPROVAL			
LOCATION:	REQUESTED BY:		
REQUESTED BY:	John Doe, FAPD (202) 720-5555		
APPROVED BY:	CONCURRED IN:		
STATE CONS:	STAFF DIRECTOR:		
DIRECTOR:	APPROVED BY:		
OTHER:	SEND TO: FORMS MANAGER		

## Exhibit 2 - Forms Process and Check List

ITEM	DESCRIPTION	YES/NO
*Form NRCS-ADS-24, Request for Form Approval	Form NRCS-ADS-24 should include the name, telephone number, and e-mail of the Originator, a field level contact name, and appropriate approval signatures.	
Hard copy of proposed new or revised Form	Blank hard copy of the proposed form.	
Completed hard copy of the proposed form	Completed hard copy of the proposed form. This will be used in developing fillable fields.	
Electronic file copy of the proposed form	MS Word	
**Formatted Form Instructions <b>eForms Only</b>	Instructions to complete the form. Must be formatted using the Microsoft Word template (Required for converting to HTML).	
**Form OMB 83-C, Paperwork Reduction Act Change Worksheet <b>eForms/paper forms</b>	Use this form when the burden hour calculations are changed.	
**Short descriptions for fill text fields <b>eForms Only</b>	Descriptions and/or instructions for the fill text fields on the form that will be tagged for 508(c)(3) compliance.	
**Meta Data Information <b>eForms Only</b>	The data that is added to the form to assists user in a web search process.	

\*Form NRCS-ADS-24, Request for Forms Approval, will serve as the transmittal document for all forms and supporting documents.

\*\*Note: Other items may be required for the development of an eForm, such as HTML formatted instructions, OMB approval, short descriptions for fill text field and meta data information.